STATE OF IDAHO
DEPARTMENT OF INSURANCE
700 WEST STATE STREET, 3rd FLOOR
PO BOX 83720
BOISE, ID 83720-0043

## CONTINUATION FEE STATEMENT ADVISORY ORGANIZATIONS

COMPANY NAME		
MAILING ADDRESS		DOMICILE STATE
Advisory Organization must submit the following on or <u>before</u> March 1, 2007, pursuant to provisions of IDAPA 18.01.44.03.a.xiii.		
Appual Continuation For # 500.00		
Annual Continuation Fee \$ 500.00		
Make your check payable to: Idaho Department of Insurance.		
Make your check payable to: <a href="Idaho Department of Insurance">Idaho Code</a>		
Tour canceled check is your receipt.		
Date	Signature of Company Official	
( )		
Telephone Number Ext.	Name (Type or Print)	
	Title	